

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5							
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7							
8							
9							
10							
11							
12							
13							
14							
15							
16		1					
17	1		(1)				
18			(1)				
19			(1)				
20			(1)				
21		1					
22	1						
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49							
50							
TOTAL IND.	2		↓		↓		↓
TOTAL DEP.	20	←		←		←	↓
TOTAL CLAIMS	22	██████████		██████████		██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	↓
TOTAL CLAIMS	22	██████████		██████████		██████████	